									10/	10	241	359	<i>}</i> .: ;
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 Application or Docket Number 7 768													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	NTITY	00	OTHER		
TOTAL CLAIMS			10	<u> </u>			İ	RATE	FEE	1 I	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			(0 minus 20=		• 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			5 minus 3 =		• 2_			X42=		1	X84=	1/8	
MULTIPLE DEPENDENT CLAIM P			RESENT						-	OR		168	İ
* If the difference in column 1 is less than zero, enter "0" in column 2								+140=		OR	+280=	60	İ
CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	OR	TOTAL	908	
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER DUŞLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total	•	Minus	##		-		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	966		•	l	X42=		oя	X84=		İ
	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	ENDEN.	CLAIM			+140=			+280=		İ
							L	TOTAL	ļ	OR	TOTAL		
		(Column 1)		(Colu	mn 2\	(Column 3)	A	DOM. FEE	L	IOH .	ADDIT, FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVIO	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 3	Minus	" of	<u>Q_</u>	- 72		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF MI	Minus	ENDEN	CLAIM	- 3		X42≖		OR	X84=	252	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		ОЯ	+280=		
							A	DOIT. FEE		OR	ADDIT. FEE		į
MENT C		(Column 1) CLAIMS REMAINING AFTER		(Colum HIĞH NUM PREVI	EST BER	(Column 3) PRESENT EXTRA	lſ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
		AMENOMENT		PAID		2		. a 11 be	FEE		TIFUL	FEE	
AMENDM	Total	. 10	Minus	<u>" ć</u>		• /		X\$ 9=		OR	X\$18=	\bigcirc	İ
AME	Independent	NITATION OF 14	Minus	PENDENT	E CLAIRA		١ſ	X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 8/01)

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